

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

FQHC Fee-For-Service/ Managed Care Crossover

Final Audit Report Audit #: 22-3982

Chautauqua Center, Inc.
Provider ID #: 03760230



KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

January 26, 2023

Amy Walters, CFO Chautauqua Center, Inc. 75 East 3rd Street Dunkirk, New York 14048

> Re: Final Audit Report Audit #: 22-3982 Provider ID #: 03760230

Dear Amy Walters:

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Chautauqua Center, Inc. (Provider).

In accordance with Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, this Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Provider's December 22, 2022 response to OMIG's December 15, 2022 Draft Audit Report, the overpayments in this Final Audit Report remain unchanged from those overpayments identified in the Draft Audit Report. Based on this determination, the total amount due is \$31,883.45, inclusive of interest. A detailed explanation can be found in the Audit Findings section.

If you have any questions or comments concerning this report, please contact William Polverelli at (518) 408-5714 or through email at William.Polverelli@omig.ny.gov. Please refer to audit number 22-3982 in all correspondence.

Sincerely.

Anthony Sweeney, Audit Supervisor

Managed Care Review and Reporting Unit

Division of Medicaid Audit

Anthony Sweeney

Office of the Medicaid Inspector General

Attachments

Certified Mail Number: 7021 0350 0001 9900 2919

Return Receipt Requested

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Background, Objective, and Audit Scope

Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment, and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of DOH (Titles 10 and 18 of the New York Codes Rules and Regulations), the regulations of the Department of Mental Hygiene (Title 14 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

DOH regulation found at Title 10 of the Official Compilation of the Codes, Rules, and Regulations of the State of New York (NYCRR) Section 86-4.9(b) states: "A threshold visit, including all part-time clinic visits, shall occur each time a patient crosses the threshold of a facility to receive medical care without regard to the number of services provided during that visit. Only one threshold visit per patient per day shall be allowable for reimbursement purposes..." The visit is all-inclusive as it includes all of the services medically necessary and rendered on that date.

Federal law 42 U.S.C. Section 1396a (bb)(5)(A) requires states to make supplemental payments to an FQHC or Rural Health Center (RHC) pursuant to a contract between the Federally Qualified Health Center (FQHC) and a Managed Care Plan (Plan) for the amount, if any, that the FQHC's Prospective Payment System (PPS) rate exceeds the amount of payments provided under the managed care contract for the services rendered by the FQHC. FQHC's bill eMedNY directly for a supplemental payment when services are provided to contracted MCO enrollees that would otherwise qualify under Medicaid fee-for-service (FFS) rules for payment at the FQHC's PPS rate.

Objective

The objective of this audit was to assess the Provider's adherence to applicable laws, regulations, rules, and policies governing the New York State Medicaid program and to verify that:

- the Provider did not receive a Medicaid supplemental payment and a FFS all-inclusive payment for individual recipients on the same date of service;
- claims for payment were submitted in accordance with DOH regulations and the appropriate provider manuals; and
- claims for payment were submitted in accordance with applicable rules and requirements.

Audit Scope

OMIG identified instances where the Provider received both a Medicaid supplemental payment (indicating payment for the threshold visit was paid by a Plan) and a FFS all-inclusive payment for the same individual recipient on the same date of service. The audit period is for dates of service beginning January 1, 2017 and ending December 31, 2019.

Laws, Regulations, Rules and Policies

The following are applicable Laws, Regulations, Rules, and Policies of the Medicaid program referenced when conducting this audit:

New York Public Health Law, New York Social Services Law, the regulations of the Department of Health (Titles 10 and 18 of the NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR) and the Department of Health's Medicaid Provider Manuals, and *Medicaid Update* publications.

Regulations state:

- (a) The unit of service used to establish rates of payment shall be the threshold visit, except for dialysis, abortion, sterilization services and free-standing ambulatory surgery, for which rates of payment shall be established for each procedure. For methadone maintenance treatment services, the rate of payment shall be established on a fixed weekly basis per recipient.
- (b) A threshold visit, including all part-time clinic visits, shall occur each time a patient crosses the threshold of a facility to receive medical care without regard to the number of services provided during that visit. Only one threshold visit per patient per day shall be allowable for reimbursement purposes, except for transfusion services to hemophiliacs, in which case each transfusion visit shall constitute an allowable threshold visit.

10 NYCRR § 86-4.9 (a) and (b)

In addition to any specific detailed findings, rules and/or regulations which may be listed above, the following regulations pertain to all audits:

Regulations state: "All bills for medical care, services and supplies shall contain: . . . (8) a dated certification by the provider that the care, services and supplies itemized have in fact been furnished; that the amounts listed are due and owing . . .; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment . . .; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided. . . ."

18 NYCRR §540.7(a)

Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR § 518.1(c)

Furthermore, according to regulations, all providers must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. In addition, the provider must keep, for a period of six years, all records necessary to disclose the nature and extent of services furnished and the medical necessity

therefore, including any prescription or fiscal order for the service or supply. This information is subject to audit for a period of six years and must be furnished, upon request.

18 NYCRR § 517.3(b)

Medicaid Management Information System ("MMIS") Provider Manual for Clinics states:

Basis of Payment

For Medicaid patients, the basis of payment for most clinic services provided in hospital outpatient departments and diagnostic and treatment centers under Article 28 of the Public Health Law is the threshold visit. New York State Department of Health (DOH) regulation at 10 NYCRR 86-4.9 states:

"A threshold visit occurs each time a patient crosses the threshold of a facility to receive medical care without regard to the number of services provided during that visit."

Only one threshold visit per patient per day is allowed for reimbursement purposes, except for transfusion services to hemophiliacs, in which case each transfusion visit constitutes an allowable threshold visit. The visit is all-inclusive as it includes all of the services medically necessary and rendered on that date.

This policy does not apply to those services for which rates of payment have been established for each procedure, such as dialysis and freestanding ambulatory surgery.

When a Medicaid patient receives treatment(s) during a threshold clinic visit that cannot be completed due to administrative or scheduling problems, the Article 28 facility may not bill additional clinic visits for the completion of the service.

For example, the completion of clinical laboratory test, blood draws or X-rays that are scheduled subsequent to the initial clinic visit do not qualify for reimbursement unless the patient is also seen for purposes of discussing the findings and for definitive treatment planning.

It is inappropriate for a clinic to call a client back for a service in order to generate an additional clinic visit for a service that should have been provided at the time of the first visit (and included in that payment).

For example, if a patient needs both physical and occupational therapy on the same day, a clinic cannot provide one session on the first day and call the patient back for a second visit on a subsequent day to generate another clinic bill.

MMIS Policy Guidelines for Clinics, Version 2007-2 (eff. June 1, 2007), p. 3

Version 2007-1 (eff. May 1, 2007), p. 3

Audit Findings

OMIG issued a Draft Audit Report to the Provider on December 15, 2022 which identified that the Provider had inappropriately billed \$26,196.51 to Medicaid in 178 cases where the Provider received both a Medicaid supplemental payment and a FFS all-inclusive payment for individual recipients on the same date of service, with the dates of service between January 1, 2017 and December 31, 2019. The Provider's December 22, 2022 response (Attachment A) to the Draft Audit Report disputed 12 of the claim payment amounts identified in the Draft Audit Report. After verifying each of the 12 claim payment amounts, the overpayments identified (Attachment B) in this Final Audit Report remain unchanged from those cited in the Draft Audit Report.

In accordance with 18 NYCRR Section 518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. Interest on the overpayments identified in this Final Audit Report was calculated from the date of each overpayment through the date of the Draft Audit Report using the Federal Reserve Prime Rate. For the overpayments identified in this audit, OMIG has determined that accrued interest of \$5,686.94 (Attachment B) is now owed.

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1 is \$31,883.45 (Attachment B), inclusive of interest.

Repayment Options

In accordance with 18 NYCRR Part 518, which regulates the collection of overpayments, your repayment options are described below.

Option #1: Make a full payment by check, money order, or OMIG's Online Payment Portal within 20 days of the date of the Final Audit Report.

• The check should be made payable to the New York State Department of Health, should include the audit number on the memo line, and be mailed with the attached remittance advice to:

New York State Office of the Medicaid Inspector General Bureau of Collections Management 800 North Pearl Street Albany, New York 12204 Phone #: (518) 474-5878 Fax #: (518) 408-0593

Email: collections@omig.ny.gov

• If you elect to pay electronically through OMIG's Online Payment Portal, please visit https://omig.ny.gov/online-payment-portal or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

<u>Option #2:</u> Enter into a repayment agreement with OMIG. If your repayment terms exceed 90 days from the date of the Final Audit Report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. OMIG's acceptance of a repayment agreement is based on your repaying the Medicaid overpayment as agreed. OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days, by telephone or email, as provided above.

Should you fail to select a payment option above within 20 days of the date of this Report, OMIG will initiate recoupment by withholding all or a part of your payments otherwise payable, in accordance with 18 NYCRR 518.6. Additionally, OMIG reserves the right to use any remedy allowed by law to collect the amount due. Pursuant to the State Finance Law Section 18(5), a collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed.

Hearing Rights

The Provider has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If the Provider wishes to request a hearing, the request must be submitted in writing within sixty (60) days of the date of this notice to:

General Counsel
New York State
Office of the Medicaid Inspector General
Office of Counsel
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at (518) 408-5845.

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Contact Information

William Polverelli, Management Specialist I William.Polverelli@omig.ny.gov (518) 408-5714

Anthony Sweeney, Audit Supervisor Anthony.Sweeney@omig.ny.gov (518) 402-1608

Office Address:

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
800 North Pearl Street
Albany, New York 12204

Mission

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

Vision

To be the national leader in promoting and protecting the integrity of the Medicaid program.



REMITTANCE ADVICE

Chautauqua Center, Inc. 75 East 3 rd Street Dunkirk, New York 14048	Provider ID #: 03760230 Audit #: 22-3982				
	A	☐ Managed Care			
	Audit Type	⊠ Fee-for-Service			
Amount Due: \$ <u>31,883.45</u>	- 5 120	□ Rate			

Checklist

- 1. To ensure proper credit, please enclose this form with your check.
- 2. Make checks payable to: New York State Department of Health.
- 3. Record the audit number on your check.
- 4. Mail the check to:

New York State Office of the Medicaid Inspector General Bureau of Collections Management 800 North Pearl Street Albany, New York 12204 Phone #: (518) 474-5878

> Fax #: (518) 408-0593 Email: collections@omig.ny.gov

If you elect to pay electronically through OMIG's Online Payment Portal, please visit https://omig.ny.gov/online-payment-portal or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.



Our Family Caring For Your Family

December 22, 2022

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
800 North Pearl Street
Albany, NY 12204

Re: Draft Audit Report Audit #: 22-3982 Provider ID #: 03760230

ATT: William Polverelli, Management Specialist I

Dear William Polverelli,

We have received and reviewed the Audit Report 22-3982.

It appears when we received the payments from Medicaid, we attempted to have Medicaid recoup the monies back then and they never did. Unsure why they did not.

We did come across approximately 12 accounts where we do not see a duplicate payment was received. The total amount of this is \$2,160.04.

Please take this into account for this audit. We attempted to have Medicaid make this right when payments were received.

Sincerely,

Chautauqua Center, Inc. 75 East 3rd Street Dunkirk, NY 14048

(716) 363-6050

Project Number: 22-3982



Provider Name: THE CHAUTAUQUA CENTER INC

Provider ID: 03760230

			Medicaid Su	applemental Payment			FFS All	Inclusive Payment					
Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
03760230	AJ81901H	10/10/2017	10/30/2017	1729700209247320	\$148.78	10/10/2017	12/25/2017	1735300278677520	\$203.57	4	\$148.78	\$31.56	\$180.34
03760230	AK15344R	10/2/2017	3/12/2018	1806600275929030	\$148.78	10/2/2017	10/16/2017	1727800188626020	\$203.57	4	\$148.78	\$29.17	\$177.95
03760230	AK21711K	11/17/2017	11/27/2017	1732400276030020	\$148.78	11/17/2017	12/18/2017	1734200229814720	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	AK65607B	12/19/2017	1/1/2018	1736100189775020	\$148.78	12/19/2017	2/5/2018	1802500179062220	\$203.57	4	\$148.78	\$30.45	\$179.23
03760230	AK92299R	3/8/2017	5/1/2017	1711600195868120	\$148.14	3/8/2017	5/1/2017	1711600195868020	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	AK92299R	12/13/2017	12/25/2017	1734900189971920	\$148.78	12/13/2017	1/15/2018	1800500203554220	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	AM01553F	9/6/2017	10/2/2017	1726800187121920	\$148.14	9/6/2017	12/18/2017	1734600277886120	\$202.19	4	\$148.14	\$31.91	\$180.05
03760230	AM01553F	11/15/2017	11/27/2017	1732400276024720	\$148.78	11/15/2017	12/18/2017	1734200229820020	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	AM08024P	3/2/2017	3/20/2017	1706800323016420	\$148.14	3/2/2017	5/1/2017	1711600195939320	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	AM30381C	5/22/2017	6/12/2017	1715300248379020	\$148.14	5/22/2017	6/12/2017	1715300248259820	\$202.19	4	\$148.14	\$33.84	\$181.98
03760230	AM30381C	6/21/2017	7/10/2017	1718100246917420	\$148.14	6/21/2017	7/10/2017	1718100246896820	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	AN68558V	6/19/2017	7/10/2017	1718100246925920	\$148.14	6/19/2017	7/10/2017	1718100246896620	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	AN90744A	5/10/2017	5/29/2017	1714400216422020	\$148.14	5/10/2017	8/21/2017	1722300179256420	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	AQ60417Y	2/8/2017	3/6/2017	1706000642571820	\$148.14	2/8/2017	3/20/2017	1706800322997020	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	AQ65240F	2/14/2017	3/6/2017	1706000642576220	\$148.14	2/14/2017	3/20/2017	1706800322998520	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	AQ90638R	4/18/2017	5/1/2017	1711600195961820	\$148.14	4/18/2017	1/29/2018	1801800203160320	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	AQ96845W	8/29/2017	9/11/2017	1724300180821120	\$148.14	8/29/2017	10/2/2017	1726400158697120	\$202.19	4	\$148.14	\$32.27	\$180.41
03760230	AR48365A	12/13/2017	12/25/2017	1734900189972520	\$148.78	12/13/2017	1/15/2018	1800500203554420	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	AS14160H	12/7/2017	12/25/2017	1735200345158520	\$148.78	12/7/2017	1/15/2018	1800500203569420	\$203.57	4	\$148.78	\$30.58	\$179.36
													Page 1 of 8

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
03760230	AT03022N	2/8/2017	3/6/2017	1706000642563020	\$148.14	2/8/2017	5/1/2017	1711600195866120	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	AT03022N	6/28/2017	7/17/2017	1718700205064520	\$148.14	6/28/2017	7/31/2017	1720100078950220	\$202.19	4	\$148.14	\$33.24	\$181.38
03760230	AT08248M	9/6/2017	3/12/2018	1806400232663130	\$142.36	9/6/2017	10/2/2017	1726400158694320	\$202.19	4	\$142.36	\$27.91	\$170.27
03760230	AU36225N	2/13/2017	3/6/2017	1706000642574020	\$148.14	2/13/2017	3/20/2017	1706800322997920	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	AW21214B	12/11/2017	12/18/2017	1734600277884520	\$148.78	12/11/2017	12/18/2017	1734500222127320	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	AW77732A	11/22/2017	12/11/2017	1733500447173320	\$148.78	11/22/2017	1/1/2018	1735500152602420	\$203.57	4	\$148.78	\$30.84	\$179.62
03760230	AW94094P	4/25/2017	5/29/2017	1714400216490320	\$148.14	4/25/2017	5/29/2017	1714400216459920	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	AX87595F	9/28/2017	10/9/2017	1727500430099020	\$148.14	9/28/2017	10/9/2017	1727100190363820	\$202.19	4	\$148.14	\$31.79	\$179.93
03760230	AY40125N	11/16/2017	11/27/2017	1732400276035020	\$148.78	11/16/2017	12/18/2017	1734200229822520	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	AY40125N	12/7/2017	12/18/2017	1734700222729920	\$148.78	12/7/2017	1/15/2018	1800500203568920	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	AY40797A	9/6/2017	10/2/2017	1726800187121720	\$148.14	9/6/2017	9/25/2017	1726300196816820	\$202.19	4	\$148.14	\$31.91	\$180.05
03760230	AZ34596R	11/15/2017	11/27/2017	1732400276031420	\$148.78	11/15/2017	12/18/2017	1734200229819320	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BB40406V	12/20/2017	1/1/2018	1735600189241620	\$148.78	12/20/2017	2/5/2018	1802500179051120	\$203.57	4	\$148.78	\$30.45	\$179.23
03760230	BB40407T	3/29/2017	5/1/2017	1711600195904220	\$148.14	3/29/2017	5/1/2017	1711600195921320	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	BB98619D	8/9/2017	8/21/2017	1722300179271920	\$148.14	8/9/2017	8/21/2017	1722300179254720	\$202.19	4	\$148.14	\$32.64	\$180.78
03760230	BE00508N	1/16/2018	1/22/2018	1801600311397020	\$148.78	1/16/2018	1/22/2018	1801600311401920	\$203.57	4	\$148.78	\$30.07	\$178.85
03760230	BE22453F	4/27/2017	5/29/2017	1714400216437820	\$148.14	4/27/2017	9/11/2017	1724300180831020	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	BE46733Z	2/5/2018	2/26/2018	1805100288404920	\$148.78	2/5/2018	2/12/2018	1803800266414020	\$203.57	4	\$148.78	\$29.43	\$178.21
03760230	BF08149U	6/2/2017	7/10/2017	1718100246865220	\$148.14	6/2/2017	3/12/2018	1806000380412430	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	BF28343V	11/1/2017	12/25/2017	1735400194832920	\$148.78	11/1/2017	1/15/2018	1800500203567020	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	BF35236U	11/14/2017	11/27/2017	1732100258772820	\$148.78	11/14/2017	12/18/2017	1734200229819520	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BF66085V	9/6/2017	9/25/2017	1726300196828120	\$148.14	9/6/2017	10/2/2017	1726400158695020	\$202.19	4	\$148.14	\$32.03	\$180.17
03760230	BF89792Q	3/2/2017	3/20/2017	1706800323013720	\$148.14	3/2/2017	5/1/2017	1711600195932420	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	BH06952F	10/17/2017	10/23/2017	1729100212069920	\$148.78	10/17/2017	10/23/2017	1729000258435320	\$203.57	4	\$148.78	\$31.69	\$180.47
03760230	BH71206Y	9/26/2017	10/9/2017	1727200145921220	\$148.14	9/26/2017	10/2/2017	1726900216652920	\$202.19	4	\$148.14	\$31.79	\$179.93
03760230	BH71206Y	12/19/2017	1/1/2018	1735600189237120	\$148.78	12/19/2017	12/25/2017	1735400194836520	\$203.57	4	\$148.78	\$30.45	\$179.23
03760230	BH75875Y	2/8/2017	3/6/2017	1706000642587620	\$148.14	2/8/2017	3/6/2017	1706000642563120	\$202.19	4	\$148.14	\$35.42	\$183.56

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
03760230	BH76946H	1/16/2018	1/29/2018	1801900193261620	\$148.78	1/16/2018	1/22/2018	1801600311401620	\$203.57	4	\$148.78	\$29.94	\$178.72
03760230	BH76946H	2/12/2018	2/26/2018	1804700275924720	\$148.78	2/12/2018	2/19/2018	1804300216181320	\$203.57	4	\$148.78	\$29.43	\$178.21
03760230	BM99384S	1/23/2018	2/5/2018	1802600229087220	\$148.78	1/23/2018	2/5/2018	1802500179064920	\$203.57	4	\$148.78	\$29.81	\$178.59
03760230	BN09731D	1/10/2017	2/13/2017	1703900307393920	\$148.14	1/10/2017	3/6/2017	1706000642615620	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	BN24479N	3/27/2017	5/1/2017	1711600195959720	\$148.14	3/27/2017	5/1/2017	1711600195921420	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	BN25595M	2/12/2018	2/26/2018	1804700275929020	\$148.78	2/12/2018	2/19/2018	1804300216182620	\$203.57	4	\$148.78	\$29.43	\$178.21
03760230	BN83630R	11/15/2017	11/27/2017	1732400276035120	\$148.78	11/15/2017	12/18/2017	1734200229822620	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BP06010H	2/27/2017	3/20/2017	1706800323014220	\$148.14	2/27/2017	5/1/2017	1711600195933520	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	BQ25366A	9/6/2017	10/2/2017	1726800187121820	\$148.14	9/6/2017	9/25/2017	1726300196817120	\$202.19	4	\$148.14	\$31.91	\$180.05
03760230	BR94370P	11/16/2017	11/27/2017	1732400276035520	\$148.78	11/16/2017	12/18/2017	1734200229822920	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BR96377P	11/27/2017	12/11/2017	1733800540515720	\$148.78	11/27/2017	12/11/2017	1733800540517020	\$203.57	4	\$148.78	\$30.84	\$179.62
03760230	BS06959J	5/31/2017	7/10/2017	1718100246864720	\$148.14	5/31/2017	7/10/2017	1718100246842720	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	BS58406X	11/13/2017	11/27/2017	1732100258772120	\$148.78	11/13/2017	12/18/2017	1734200229818920	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BS76168H	2/8/2017	3/6/2017	1706000642562120	\$148.14	2/8/2017	5/1/2017	1711600195865420	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	BS92059U	11/15/2017	11/27/2017	1732400276035620	\$148.78	11/15/2017	12/18/2017	1734200229823020	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	BU16774E	1/23/2018	1/29/2018	1802400215007820	\$148.78	1/23/2018	2/5/2018	1802500179065120	\$203.57	4	\$148.78	\$29.94	\$178.72
03760230	BU89964W	3/8/2017	5/1/2017	1711600195866720	\$148.14	3/8/2017	5/1/2017	1711600195866620	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	BW69821J	3/2/2017	3/20/2017	1706800323014420	\$148.14	3/2/2017	5/1/2017	1711600195934320	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	BX15859C	11/20/2017	12/18/2017	1734700222734120	\$148.78	11/20/2017	1/15/2018	1800500203572120	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	BX17175D	1/10/2017	2/13/2017	1703900307401320	\$148.14	1/10/2017	3/6/2017	1706000642634720	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	BY43156F	11/1/2017	11/20/2017	1731300175962920	\$148.78	11/1/2017	12/18/2017	1734200229813120	\$203.57	4	\$148.78	\$31.20	\$179.98
03760230	BY57426P	8/21/2017	12/25/2017	1735400194833620	\$148.14	8/21/2017	9/11/2017	1724800338038120	\$202.19	4	\$148.14	\$30.45	\$178.59
03760230	BY59804G	1/25/2017	3/6/2017	1706000642586020	\$148.14	1/25/2017	2/13/2017	1703900307399020	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	BZ31844D	1/2/2018	1/15/2018	1800400183935420	\$148.78	1/2/2018	1/15/2018	1800400183936320	\$203.57	4	\$148.78	\$30.20	\$178.98
03760230	CA78390Q	10/24/2017	11/6/2017	1730300183753720	\$148.78	10/24/2017	11/6/2017	1730100048660620	\$203.57	4	\$148.78	\$31.44	\$180.22
03760230	CA78390Q	11/1/2017	11/20/2017	1731300175963120	\$148.78	11/1/2017	12/18/2017	1734600277880920	\$203.57	4	\$148.78	\$31.20	\$179.98
03760230	CB40419V	9/19/2017	10/2/2017	1726400158688920	\$148.14	9/19/2017	10/30/2017	1729200168863920	\$202.19	4	\$148.14	\$31.91	\$180.05

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
03760230	CB40419V	11/1/2017	11/13/2017	1731100322935820	\$148.78	11/1/2017	12/11/2017	1733400182947120	\$203.57	4	\$148.78	\$31.32	\$180.10
03760230	CC66658U	11/7/2017	11/27/2017	1732400276037120	\$148.78	11/7/2017	12/18/2017	1734200229926020	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	CD61127V	5/22/2017	6/12/2017	1715300248379120	\$148.14	5/22/2017	6/12/2017	1715300248260020	\$202.19	4	\$148.14	\$33.84	\$181.98
03760230	CF56110Y	5/16/2017	7/10/2017	1718100246859320	\$148.14	5/16/2017	8/21/2017	1722300179259520	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	CH32006Y	11/2/2017	11/27/2017	1732100258777320	\$148.78	11/2/2017	12/18/2017	1734200229824720	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	CH97491Q	2/15/2018	3/19/2018	1806800232439820	\$148.78	2/15/2018	2/26/2018	1804700275920420	\$203.57	4	\$148.78	\$29.04	\$177.82
03760230	CK64746S	5/8/2017	5/29/2017	1714400216495120	\$148.14	5/8/2017	5/29/2017	1714400216462620	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	CN64556R	2/10/2017	3/6/2017	1706000642579020	\$148.14	2/10/2017	3/20/2017	1706800322999020	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	CN68201E	2/28/2017	3/20/2017	1706800322994920	\$148.14	2/28/2017	5/1/2017	1711600195871220	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	CP22117V	10/11/2017	12/4/2017	1733200208083220	\$148.78	10/11/2017	12/25/2017	1734900189989220	\$203.57	4	\$148.78	\$30.96	\$179.74
03760230	CP22117V	1/3/2018	1/15/2018	1800400183937220	\$148.78	1/3/2018	1/15/2018	1800400183935020	\$203.57	4	\$148.78	\$30.20	\$178.98
03760230	CS13425C	5/5/2017	8/21/2017	1722800120449630	\$142.36	5/5/2017	10/30/2017	1729700209237620	\$202.19	4	\$142.36	\$31.36	\$173.72
03760230	CS13426A	11/1/2017	11/20/2017	1731300175962720	\$148.78	11/1/2017	12/18/2017	1734200229813020	\$203.57	4	\$148.78	\$31.20	\$179.98
03760230	CT20003Y	11/15/2017	11/27/2017	1732400276035320	\$148.78	11/15/2017	12/18/2017	1734200229822820	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	CT21359V	11/1/2017	11/20/2017	1731300175963020	\$148.78	11/1/2017	12/18/2017	1734200229813220	\$203.57	4	\$148.78	\$31.20	\$179.98
03760230	CT97487E	4/5/2017	5/1/2017	1711600195890820	\$148.14	4/5/2017	5/1/2017	1711600195865720	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	CU07231A	9/20/2017	10/23/2017	1729000258419120	\$148.14	9/20/2017	10/2/2017	1726500156310820	\$202.19	4	\$148.14	\$31.55	\$179.69
03760230	CW35463G	2/2/2017	3/6/2017	1706000642635520	\$148.14	2/2/2017	3/6/2017	1706000642629520	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	CW82132B	3/30/2017	5/1/2017	1711600195885820	\$148.14	3/30/2017	6/12/2017	1715300248243820	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	CZ48755K	11/20/2017	11/27/2017	1732600216258620	\$148.78	11/20/2017	12/18/2017	1734200229814620	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	DA98459V	8/11/2017	9/4/2017	1724000163386320	\$148.14	8/11/2017	1/29/2018	1801800203160120	\$202.19	4	\$148.14	\$32.39	\$180.53
03760230	DE16895M	5/8/2017	5/29/2017	1714400216495220	\$148.14	5/8/2017	3/12/2018	1806000380424530	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	DH26741G	2/2/2017	3/6/2017	1706000642630920	\$148.14	2/2/2017	3/20/2017	1707300162217220	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	DM36042X	10/24/2017	11/13/2017	1730600339150720	\$148.78	10/24/2017	11/6/2017	1729900176273320	\$203.57	4	\$148.78	\$31.32	\$180.10
03760230	DM36042X	11/13/2017	12/25/2017	1734900189985420	\$148.78	11/13/2017	12/11/2017	1733400182938320	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	DM36042X	1/2/2018	1/22/2018	1801700243604120	\$148.78	1/2/2018	1/15/2018	1800400183936020	\$203.57	4	\$148.78	\$30.07	\$178.85
03760230	DN85233F	3/21/2017	7/3/2017	1717400195382230	\$148.14	3/21/2017	5/1/2017	1711600195921820	\$202.19	4	\$148.14	\$33.48	\$181.62

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
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03760230	DP46552A	5/3/2017	5/29/2017	1714400216436420	\$148.14	5/3/2017	5/29/2017	1714400216419520	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	DP80393P	8/31/2017	11/27/2017	1732400276037020	\$148.14	8/31/2017	12/18/2017	1734600277886320	\$202.19	4	\$148.14	\$30.95	\$179.09
03760230	DS46093R	1/11/2017	2/13/2017	1703900307351520	\$148.14	1/11/2017	3/6/2017	1706000642562820	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	DU08959G	7/25/2017	8/7/2017	1721400366923320	\$148.14	7/25/2017	11/27/2017	1732000079998230	\$202.19	4	\$148.14	\$32.88	\$181.02
03760230	DU44838G	2/16/2017	3/20/2017	1706800323020320	\$148.14	2/16/2017	5/1/2017	1711600195954720	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	DV70943A	11/6/2017	3/12/2018	1806600419685530	\$148.78	11/6/2017	11/13/2017	1731200277589120	\$203.57	4	\$148.78	\$29.17	\$177.95
03760230	DW10139A	9/18/2017	10/9/2017	1727500430101720	\$148.14	9/18/2017	10/2/2017	1726400158697620	\$202.19	4	\$148.14	\$31.79	\$179.93
03760230	DW10139A	2/26/2018	3/5/2018	1805800228644620	\$148.78	2/26/2018	3/5/2018	1805700215792420	\$203.57	4	\$148.78	\$29.30	\$178.08
03760230	DY60073S	11/30/2017	12/11/2017	1734000369229220	\$148.78	11/30/2017	12/11/2017	1734000369227520	\$203.57	4	\$148.78	\$30.84	\$179.62
03760230	EA92808Z	2/1/2017	3/6/2017	1706000642642420	\$148.14	2/1/2017	3/6/2017	1706000642617220	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	EB43746G	4/26/2017	5/29/2017	1714400216473520	\$148.14	4/26/2017	8/21/2017	1722300179275920	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	EC21369M	11/7/2017	11/27/2017	1732100258776020	\$148.78	11/7/2017	12/18/2017	1734200229820820	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	ED86838T	1/18/2017	2/13/2017	1703900307390120	\$148.14	1/18/2017	2/13/2017	1703900307396020	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	ED86838T	2/9/2017	3/6/2017	1706000642572120	\$148.14	2/9/2017	3/20/2017	1706800322997120	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	EE61647V	3/2/2017	3/20/2017	1706800323013420	\$148.14	3/2/2017	5/1/2017	1711600195931520	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	EE92744W	3/1/2017	3/20/2017	1706800323015520	\$148.14	3/1/2017	5/1/2017	1711600195935620	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	EF39661V	7/26/2017	8/7/2017	1721400366925720	\$148.14	7/26/2017	8/7/2017	1721400366804320	\$202.19	4	\$148.14	\$32.88	\$181.02
03760230	EF93783U	9/28/2017	12/11/2017	1733400182944220	\$148.14	9/28/2017	12/25/2017	1734900190005020	\$202.19	4	\$148.14	\$30.70	\$178.84
03760230	EJ12140G	11/8/2017	11/27/2017	1732100258776820	\$148.78	11/8/2017	12/18/2017	1734200229823120	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EJ12140G	12/6/2017	12/18/2017	1734700222730520	\$148.78	12/6/2017	1/15/2018	1800500203570020	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	EJ12140G	12/13/2017	12/25/2017	1734900189980220	\$148.78	12/13/2017	1/15/2018	1800500203570120	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	EN58707E	12/11/2017	12/25/2017	1734800173984220	\$148.78	12/11/2017	12/18/2017	1734500222126720	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	EN58707E	3/6/2018	3/26/2018	1808000195213620	\$148.78	3/6/2018	3/19/2018	1806700255870420	\$203.57	4	\$148.78	\$28.91	\$177.69
03760230	EP08078N	9/19/2017	10/2/2017	1726400158687420	\$148.14	9/19/2017	12/25/2017	1734900189987120	\$202.19	4	\$148.14	\$31.91	\$180.05
03760230	EP14818D	11/9/2017	11/20/2017	1731800246110920	\$148.78	11/9/2017	12/18/2017	1734200229822120	\$203.57	4	\$148.78	\$31.20	\$179.98
03760230	EP25922B	12/28/2017	2/19/2018	1804500193354730	\$148.78	12/28/2017	1/8/2018	1800200480187320	\$203.57	4	\$148.78	\$29.56	\$178.34

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
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03760230	ET76804V	2/27/2017	3/20/2017	1706800323015920	\$148.14	2/27/2017	5/1/2017	1711600195937220	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	ET92433U	11/14/2017	11/27/2017	1732400276024520	\$148.78	11/14/2017	12/18/2017	1734200229819820	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EU88061F	3/16/2017	5/1/2017	1711600195936820	\$148.14	3/16/2017	3/12/2018	1806500294047230	\$202.19	4	\$148.14	\$34.52	\$182.66
03760230	EV16188G	8/28/2017	9/11/2017	1724700060483520	\$148.14	8/28/2017	10/2/2017	1726400158698320	\$202.19	4	\$148.14	\$32.27	\$180.41
03760230	EW14246K	11/13/2017	11/27/2017	1732400276028620	\$148.78	11/13/2017	12/18/2017	1734200229813920	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EW84678Q	2/21/2017	3/20/2017	1706800323019820	\$148.14	2/21/2017	5/1/2017	1711600195953620	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	EX54179R	2/20/2018	3/12/2018	1806000499418320	\$148.78	2/20/2018	2/26/2018	1805100288406120	\$203.57	4	\$148.78	\$29.17	\$177.95
03760230	EX63775E	11/9/2017	11/27/2017	1732400276036620	\$148.78	11/9/2017	12/18/2017	1734200229825320	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EX68069Z	11/20/2017	11/27/2017	1732600216259020	\$148.78	11/20/2017	12/18/2017	1734200229818820	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EX76219D	2/22/2017	3/6/2017	1706000642588220	\$148.14	2/22/2017	3/6/2017	1706000642563620	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	EY11885F	11/9/2017	11/27/2017	1732100258775920	\$148.78	11/9/2017	12/18/2017	1734200229820720	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	EY15145Q	3/2/2017	3/20/2017	1706800323013920	\$148.14	3/2/2017	5/1/2017	1711600195933020	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	EY17746A	12/5/2017	12/18/2017	1734700222723220	\$148.78	12/5/2017	1/15/2018	1800500203561720	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	EY31731A	4/24/2017	5/29/2017	1714400216488620	\$148.14	4/24/2017	6/12/2017	1715300248376720	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	FA49124Y	6/26/2017	7/10/2017	1718100246882120	\$148.14	6/26/2017	3/12/2018	1806400128268330	\$202.19	4	\$148.14	\$33.36	\$181.50
03760230	FD60357Q	11/16/2017	11/27/2017	1732400276035220	\$148.78	11/16/2017	12/18/2017	1734200229822720	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	FE35011U	2/9/2017	3/6/2017	1706000642574920	\$148.14	2/9/2017	3/20/2017	1707300162212520	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	FP40938N	4/27/2017	5/29/2017	1714400216483620	\$148.14	4/27/2017	12/25/2017	1735400194833720	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	FP59646X	1/3/2017	2/13/2017	1703900307373420	\$148.14	1/3/2017	9/11/2017	1724700060478720	\$199.19	1	\$148.14	\$35.74	\$183.88
03760230	FP67034H	11/16/2017	11/27/2017	1732600216258320	\$148.78	11/16/2017	12/18/2017	1734200229813520	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	FQ27431Z	3/1/2017	3/20/2017	1706800322999120	\$148.14	3/1/2017	5/1/2017	1711600195885420	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	FQ56734E	9/7/2017	9/25/2017	1726300196828220	\$148.14	9/7/2017	10/2/2017	1726400158695220	\$202.19	4	\$148.14	\$32.03	\$180.17
03760230	FQ77016H	10/10/2019	10/21/2019	1928900274719620	\$152.53	10/10/2019	8/17/2020	2022000319403120	\$77.03	3	\$77.03	\$6.13	\$83.16
03760230	FQ77016H	11/21/2019	12/9/2019	1933800304494120	\$152.53	11/21/2019	10/5/2020	2026800164735020	\$77.03	3	\$77.03	\$5.79	\$82.82
03760230	FQ77016H	12/13/2019	1/20/2020	2001400373150120	\$152.53	12/13/2019	10/5/2020	2026800164735120	\$77.03	3	\$77.03	\$5.79	\$82.82
03760230	FQ80529R	1/29/2018	2/5/2018	1803100183835420	\$148.78	1/29/2018	2/5/2018	1803100179589520	\$203.57	4	\$148.78	\$29.81	\$178.59

Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
03760230	FR44752A	3/1/2017	3/20/2017	1706800322995920	\$148.14	3/1/2017	5/1/2017	1711600195874720	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	FR57963Q	1/31/2017	3/6/2017	1706000642633120	\$148.14	1/31/2017	3/6/2017	1706000642627020	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	FR60090Y	2/7/2018	3/19/2018	1806800232442420	\$148.78	2/7/2018	2/19/2018	1804400255472120	\$203.57	4	\$148.78	\$29.04	\$177.82
03760230	FR80218D	12/4/2017	12/18/2017	1734700222722720	\$148.78	12/4/2017	1/15/2018	1800500203561420	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	FS72575P	12/6/2017	12/18/2017	1734700222722420	\$148.78	12/6/2017	1/15/2018	1800500203561120	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	FT00732D	2/22/2017	3/6/2017	1706000642576420	\$148.14	2/22/2017	5/1/2017	1711600195881920	\$202.19	4	\$148.14	\$35.42	\$183.56
03760230	FT88055G	11/28/2017	12/25/2017	1735200345158720	\$148.78	11/28/2017	1/15/2018	1800500203571920	\$203.57	4	\$148.78	\$30.58	\$179.36
03760230	FU35625Z	1/19/2017	2/13/2017	1703900307359520	\$148.14	1/19/2017	3/20/2017	1706800322998220	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	FU59293U	12/5/2017	12/18/2017	1734700222733620	\$148.78	12/5/2017	1/15/2018	1800500203571720	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	FU83276W	2/6/2018	2/19/2018	1803900256832520	\$148.78	2/6/2018	2/12/2018	1803800266411020	\$203.57	4	\$148.78	\$29.56	\$178.34
03760230	FU83276W	3/5/2018	3/26/2018	1808000195205920	\$148.78	3/5/2018	3/26/2018	1806700255870720	\$203.57	4	\$148.78	\$28.91	\$177.69
03760230	FU92547P	1/19/2017	2/13/2017	1703900307401420	\$148.14	1/19/2017	3/6/2017	1706000642634820	\$202.19	4	\$148.14	\$35.74	\$183.88
03760230	FV06410Z	8/29/2017	9/11/2017	1724300180821820	\$148.14	8/29/2017	10/2/2017	1726400158696520	\$202.19	4	\$148.14	\$32.27	\$180.41
03760230	FV59408K	1/5/2017	2/13/2017	1703900307359920	\$148.14	1/5/2017	5/28/2018	1814100299116520	\$202.19	1	\$148.14	\$35.74	\$183.88
03760230	FV65048N	12/4/2017	12/18/2017	1734700222733920	\$148.78	12/4/2017	1/15/2018	1800500203571820	\$203.57	4	\$148.78	\$30.71	\$179.49
03760230	FX12490K	5/18/2017	7/31/2017	1720200167947120	\$148.14	5/18/2017	10/30/2017	1729600119557830	\$202.19	4	\$148.14	\$33.00	\$181.14
03760230	FX13251A	11/16/2017	11/27/2017	1732400276031220	\$148.78	11/16/2017	12/18/2017	1734200229819120	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	FX17757Z	11/13/2017	11/27/2017	1732100258772920	\$148.78	11/13/2017	12/18/2017	1734200229819620	\$203.57	4	\$148.78	\$31.08	\$179.86
03760230	FX17842F	3/9/2017	3/20/2017	1707300162216720	\$148.14	3/9/2017	5/1/2017	1711600195938920	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	FX23994F	8/22/2017	9/11/2017	1724300180816720	\$148.14	8/22/2017	10/2/2017	1726400158697020	\$202.19	4	\$148.14	\$32.27	\$180.41
03760230	FX24226A	3/8/2017	3/20/2017	1707200253259020	\$148.14	3/8/2017	5/1/2017	1711600195938420	\$202.19	4	\$148.14	\$35.20	\$183.34
03760230	FX53761P	5/3/2017	5/29/2017	1714400216462420	\$148.14	5/3/2017	5/29/2017	1714400216419020	\$202.19	4	\$148.14	\$34.07	\$182.21
03760230	FZ49454D	12/19/2017	1/1/2018	1735500152597720	\$148.78	12/19/2017	2/5/2018	1802500179061620	\$203.57	4	\$148.78	\$30.45	\$179.23
03760230	GA27948B	11/15/2017	11/27/2017	1732400276023820	\$148.78	11/15/2017	12/18/2017	1734200229815020	\$203.57	4	\$148.78	\$31.08	\$179.86

			Medicaid Sup	plemental Payment			FFS All In	nclusive Payment					
Provider ID	Recip ID	Date of Service	Date of Payment	TCN	Amount Paid	Date of Service	Date of Payment	TCN	Amount Paid	Disallowance Code	Disallowance Amount	Accrued Interest	Total Amount Due
Grand Totals:					\$26,423.01				\$35,724.50		\$26,196.51	\$5,686.94	\$31,883.45

	Audit Findings Breakdown										
Disallowance	Description		Disallo	wances							
Code	Description		Claims	Amount							
1	Medicaid Supplemental Payment Disallowed: Fee-For-Service Eligibility		2	\$296.28							
2	Medicaid Supplemental Payment Disallowed: Managed Care Carve Out		0	\$0.00							
3	FFS All Inclusive Payment Disallowed: Managed Care Eligibility		3	\$231.09							
4	Medicaid Supplemental Payment Disallowed: U.S. District Court Ruling		173	\$25,669.14							
		Total	178	\$26,196.51							